



ELECTION TO TRANSFER FUNDS FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM

BY ELIGIBLE EMPLOYEES OF COLLEGES AND UNIVERSITIES
OF THE STATE OF TENNESSEE

Tennessee Consolidated Retirement System
502 Deaderick Street, Nashville, Tennessee 37243-0201

MEMBER INFORMATION

Name _____
Last First Middle or Maiden
Social Security Number _____ Date of Birth _____
Month Day Year
Street _____ City _____ State _____ Zip _____
Employer _____ Work Phone _____
Institution

ALLOCATION INSTRUCTIONS

Funds transferred to the Optional Retirement Program under this election are to be distributed as follows:

ING-Aetna Life Insurance and Annuity Company	_____	%
TIAA-CREF	_____	%
Variable Annuity Life Insurance Company (VALIC)	_____	%
Total	100	%

CERTIFICATION — To be signed by member and witnessed by a notary public

I have completed an ELECTION TO TRANSFER MEMBERSHIP FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM and hereby also make application for the transfer of my accumulated contributions on deposit with the Tennessee Consolidated Retirement System to the Optional Retirement Program as authorized by Tennessee Code Annotated, Section 8-35-409.

I understand that this transfer is considered a total withdrawal of accumulated contributions and service credit and shall terminate my membership in the Tennessee Consolidated Retirement System in accordance with the provisions of Tennessee Code Annotated, Section 8-35-104. I further understand that this action constitutes a waiver of all rights in the retirement system and that contributions so transferred may not be redeposited with the Tennessee Consolidated Retirement System.

I am aware that if I have attained vested rights in TCRS and DO NOT transfer my contributions, I will be entitled to elect to receive a monthly benefit from TCRS at retirement age based on my service and salary through the date of my transfer of membership to the Optional Retirement Program. By transferring my contributions, I am forfeiting all rights to such benefit.

I take this action with full knowledge and understanding of the foregoing and certify that this election is being made at least thirty (30) days prior to the effective date.

Signature of Member

Date

STATE OF TENNESSEE, COUNTY OF _____

Personally appeared before me on this _____ day of _____, _____ the within named _____, and makes oath that (he) (she) executed the foregoing instrument.

Notary Public Signature

SEAL

My Commission Expires _____